

## Standard Intake Protocol

**TYPE OF SERVICE:** OT for Home Mods/Equipment Provision Assessment.

**IS GP AWARE OF REFERRAL?** YES/NO: No.

**NAME OF PERSON GIVING CONSENT:** Client.

**PRESENTING ISSUE:** Client will be moving into private rental on 25.X.20XX which has a shower recess but has no rails and client feels vulnerable and ? unsafe. He states he will investigate a suitable shower chair/stool to sit on but would like to be assessed for mods as his landlord is agreeable to same.

**HOSPITAL ADMISSION DETAILS:** Nil stated.

**RELEVANT MEDICAL HISTORY:** Hx heart problems/stents, Aneurysm 5 years ago, IDDM, gastric ulcers, blocked arteries to limbs, high cholesterol.

**WATERLOW SCORE:** n/a

**LEVEL OF RISK:** n/a

**CURRENT SERVICES:** Nil.

**FAMILY/SOCIAL SUPPORT:** Son lives locally.

**LIVING ARRANGEMENTS:** Lives with friends but will moving to rental next week - living alone.

**DO THEY NEED TRANSPORT:** No.

**MOBILITY:** Client states that his mobility reduced due to disc problems.

**FALLS:** Nil.

**EQUIPMENT IN USE:** Nil aids used but may need them in near future.

**COGNITION:** Alert.

**BEHAVIOUR:** n/a

**ADDITIONAL INFORMATION:** Alternate number for client is son, Harry on xxxxxxxxx.